

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157285		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/27/2012	
NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This visit was a home health agency federal complaint investigation.</p> <p>Complaint #: IN00101551 Substantiated: No deficiencies related to the allegation are cited.</p> <p>Survey date: January 26, 2012</p> <p>Facility #: 007116</p> <p>Medicaid Vendor : 100374770</p> <p>Surveyors: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Advantage Home Health Care is in compliance with Conditions of Participation 42 CFR 484.10 Patients Rights, 484.18 Patient Plan of Care, 484.30 Skilled Nursing Services and 42 CFR 484.36 Home Health Aide as it relates to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 31, 2012</p>			G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.